

**BEST AVAILABLE COPY**

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">09/819920</div>	Filing Date	
							Applicant(s)		
* May be used for additional claims or amendments									
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep
1	1								
2		1							
3		1							
4		1							
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49									
50									
Total Indep	2								
Total Depend	17								
Total Claims	19								